

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Copeland CorporationEPA ID NO: MO1D 9185 7715 7133U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
ICIDENTIFICATION AND  
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box <input type="checkbox"/> in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.		
A. EPA ID No. Same as label <input type="checkbox"/> or → <u>MO1D 9185 7715 7133</u>		B. County <u>Laclede</u>
C. Site/company name Same as label <input type="checkbox"/> or → <u>Copeland Corporation</u>		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>701 East Highway 32</u>		
F. City, town, village, etc. Same as label <input type="checkbox"/> or → <u>Lebanon</u>	G. State Same as label <u>MO</u>	H. Zip Code Same as label <u>65536-1152</u>

Sec. II Mailing address of site. Instruction page 10.		
A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address <u>P.O. Box 1152</u>		
C. City, town, village, etc. <u>Lebanon</u>	D. State <u>MO</u>	E. Zip Code <u>65536-1152</u>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.		
A. Please print: Last Name First name M.I. <u>Bair Tim L.</u>	B. Title <u>Environmental Coordinator</u>	C. Telephone <u>417 588-8618</u> Extension <u>    </u>

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."		
A. Please print: Last Name First name M.I. <u>Rose Robert R.</u>	B. Title <u>Director North America Scroll Operations</u>	C. Telephone <u>417 588-8618</u> Extension <u>    </u>
C. Signature <u>Robert R. Rose</u>		D. Date of signature <u>02 11 98</u> MO. DAY YR.

Page 1 of 3

R00104020  
RCRA RECORDS CENTER

BRS RCRA data entered  
BY TR-Cor/Cgt  
ON 4/21/98  
MOR95FIN

## Sec.V - Generator Status. Instruction pages 10, 12.

## A. 1995 RCRA generator status

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non generator (Continue to Box B)
- SKIP to SEC. VI

## B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

## Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

## A. Storage subject to RCRA permitting requirements

1

## B. Treatment, disposal, or recycling subject to RCRA permitting requirements

1

## C. RCRA-exempt treatment, disposal, or recycling

1

## Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

B. Did this site begin or expand a recycling activity during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1994 or 1995?

- ☐ 1 Yes  
☒ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |  |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes                          |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible                             |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible                            |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements          |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW)   |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?  
(CHECK YES OR NO FOR EACH ITEM)

- | Yes                        | No                                    |   | Yes                        | No                                    |  |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice                      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling                                |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities   |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling                                      | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials  |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling  | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible                    |
|                            |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible                   |
|                            |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
|                            |                                       |   | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW)   |

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Copeland Corporation

EPA ID NO: M01D 985 775 733



U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM  
GM

WASTE GENERATION  
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

## Sec. I

A. Waste description - instruction page 18.

Corrosive spent Sodium Hydroxide from De-Rust Operation.

B. EPA hazardous waste code Page 19.

D10102 N/A

N/A N/A N/A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3585

E. Origin code Page 19

System  
Type LM

F. Source code Page 20.

A03G. Point of measurement  
Page 20.3H. Form code  
Page 20.B109

I. RCRA - radioactive mixed Page 20.

2

## Sec. II

A. Quantity generated in 1994  
Instruction Page 21.31278.0B. Quantity generated in 1995  
Page 21.18749.0C. UOM  
Page 21.1

Density

1 lb/gal ☐ 2 sq

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

☐ 1 Yes (CONTINUE TO SYSTEM 1)

☐ 2 No (SKIP TO SEC. III)

## ON-SITE PROCESS SYSTEM 1

On-site process system type  
Page 22.LMQuantity treated, disposed, or recycled on site  
in 199518749.0

## ON-SITE PROCESS SYSTEM 2

On-site process system type  
Page 22.LMQuantity treated, disposed, or recycled on site  
in 199518749.0

## Sec. III

A. Was any of this waste shipped off-site in 1995 ☒ 1 Yes (CONTINUE TO BOX B)

☐ 2 No (SKIP TO SEC. IV)

Site 1

B. EPA ID No. of facility waste was shipped to  
Page 23.T1D 000 608 471C. System type shipped to  
Page 23.LM121D. Off-site  
availability code  
Page 23.1E. Total quantity shipped in 1995  
Page 23.18749.0

Site 2

B. EPA ID No. of facility waste was shipped to  
Page 23.LMC. System type shipped to  
Page 23.LMD. Off-site  
availability code  
Page 23.1E. Total quantity shipped in 1995  
Page 23.18749.0

## Sec. IV

A. Did new activities in 1995 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO BOX B)

☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LM LM

LM LM

C. Other effects Page 25.

☐ 1 Yes

☐ 2 No

D. Quantity recycled in 1995 due to new activities  
Page 25.18749.0E. Activity/production  
index Page 25.1

F. 1995 source reduction quantity Page 28.

18749.0

Comments:



February 12, 1998

Missouri Department of Natural Resources  
Hazardous Waste Program  
P.O. Box 176  
Jefferson City, MO 65102

RECEIVED  
FEB 20 1998  
HAZARDOUS WASTE PROGRAM  
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES

Dear Sir:

Enclosed are the 1997 and 1995 Hazardous Waste Reports for the Copeland Corporation facility in Lebanon, MO.

Please contact me if you have any questions.

Sincerely,

*Tim L. Bair*

Tim L. Bair  
Environmental Coordinator  
Copeland Corporation  
Lebanon Facility